Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER SECOND AMENDMENT CLAIMS AS FILED AFTER FIRST AMENDMENT Indep Depend Indep Depend Depend Indep Depend Indep Depend Indep Depend 51 52 53 54 55 56 6 . 58. 59 60 10 11 12 13 62 63 64 14 15 16 65 66 17 68 19 70 71 72 22 23 24 25 26 27 73 74 75 76 77 78 79 28 29 80 81 30 31 82 83 32 .33 34 84 .85 .86 87 88 89 35 36 37 38 39 40 90 41 91 92 43 93 94 95 96 45 46 47 97 98 49. 99 50 100 Total Indep Total Total Indep Total Depend Depend Total Claims Total Claims

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